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Item 3(a)(i) of the provisional agenda*

FOR ACTION

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMME**

Zambia

SUMMARY

The present document contains a recommendation for additional general resources to fund the approved country programme of Zambia for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve additional general resources in the amount of $840,500 for 1996 to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

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1. The current country programme for Zambia covering the period 1994-1996 was approved by the Executive Board in May 1994 with an allocation of $3.4 million from general resources (E/ICEF/1994/P/L.19). The indicators guiding the allocation of general resources planning levels were reviewed in late 1994 and the general resources ceiling for Zambia has been increased for 1995 and 1996. As a result, the balance of approved general resources is not sufficient to provide funding for 1996. Therefore, the Executive Board is requested to approve an additional amount of $840,500 to cover the approved level of general resources. These funds will be used primarily to strengthen the following country programme components: advocacy; programme communications; the monitoring of child survival and development (CSD); and water and sanitation.

RECOMMENDED PROGRAMME COOPERATION, 1996

2. The overall objectives of the 1994-1996 country programme are to (a) reduce child mortality and improve child health; (b) reduce maternal mortality and improve women's health; (c) develop effective methods to reduce poverty and malnutrition, with the participation of the poor; (d) strengthen decentralized district management of services and develop a framework for community-based management; and (e) reduce illiteracy and expand access to basic education and learning opportunities for primary-school-age children, adolescents and women.

3. To achieve those goals, three mutually reinforcing strategies are being pursued. Firstly, actions are being taken to promote understanding and support for the Convention on the Rights of the Child and the National Programme of Action (NPA) for Children so as to position children and women at the centre of Zambia's reform and development agenda. Secondly, actions are being taken to increase the quality and quantity of essential social services, especially children's and women's health and nutrition services, primary education and life skills, water and sanitation, and social safety nets to provide timely support to families in distress. The third strategy is to strengthen the capacities of the community and families to protect and care for their children. The strategies are being implemented through five programmes: primary health care (PHC) and nutrition; basic education; planning, social statistics and programme support; water, sanitation and hygiene education; and community-based CSD. The additional general resources will be used to strengthen the advocacy, communications and social mobilization components of the entire country programme.

Primary health care and nutrition

4. The PHC programme incorporates the Bamako Initiative strategy and aims to reduce mortality and morbidity of children and women through nationwide interventions, with integration at district and health centre levels. UNICEF assistance will strengthen PHC service delivery at the community level; at the institutional level, the focus is to increase the capacity of human and organizational systems to support PHC; and at the national level, support will be provided to develop government policies that respond to Zambia's health needs and development challenges.

5. The objective of the maternal health/safe motherhood project is to reduce maternal mortality and morbidity by improving the coverage and quality of care, with an emphasis on high-risk individuals and groups. Training and the provision of equipment and diagnostic facilities will improve the quality of antenatal and post-natal care. The syphilis prevention and treatment strategy will be expanded; training of traditional birth attendants (TBAs) will continue; and education and mobilization activities will stress the importance of women's health, adequate care during pregnancy, referral of high-risk pregnancies and breast-feeding. Adolescent girls will be a specific target group.

6. The objective of universal child immunization (UCI) is to reduce mortality and morbidity specifically through maintaining high immunization coverage and improving the quality of vaccination services. Special emphasis will be placed on strategies for the elimination of neonatal tetanus and the eradication of polio by the year 2000. UCI activities will focus on improving service delivery through integrated training in PHC/UCI units; strengthening the cold-chain system and the procurement and maintenance of equipment and transport; and the training of district and health centre managers. Evaluation activities, periodic surveys and operational research will be carried out to supplement routine data collection.

7. The objective of the control of diarrhoeal diseases (CDD) programme is to reduce infant and child mortality, morbidity and malnutrition caused by diarrhoeal diseases. The programme includes integrated training, supervision and monitoring of PHC/CDD to strengthen the functioning of oral rehydration therapy corners in all health facilities. Training will target managers, health centre staff and other personnel. Community education and mobilization will be strengthened and extended to include other PHC components.

8. The nutrition programme aims to reduce child mortality and morbidity and promote growth through the early detection and correction of growth faltering and the early detection and rehabilitation of malnourished children. A decrease in malnutrition is sought through an integrated PHC approach. Growth monitoring and promotion will be pursued through training health centre staff, TBAs and community health workers, as well as through nutrition education, particularly with communities. Vitamin A and iodine deficiencies will be addressed through the development of national strategies and support for their implementation.

9. A project on strengthening district PHC in selected districts has now expanded to support the national health reform process. Activities include support for the decentralization of planning, budgeting, management and operations to the district level; the formulation and implementation of a delivery of a basic health care package; identifying and developing appropriate health care financing strategies; promoting linkages and partnerships with communities in the promotion and management of community health; and developing ways to monitor and strengthen the supervision of service delivery, with an emphasis on quality assurance.

10. HIV/AIDS prevention and control strategies also will be strengthened. In cooperation with a growing network of non-governmental organizations (NGOs), church organizations and community groups, UNICEF will support community-based programmes to care for the increasing number of AIDS orphans and distressed

families and HIV/AIDS counselling services. The major emphasis, however, will be on HIV/AIDS prevention. In so doing, UNICEF will work with the Government and the Children in Need network of NGOs to develop community education strategies on HIV/AIDS prevention, life skills training programmes and other approaches to communication with youth to promote safer life styles through peer group contacts, drop-in centres, counselling centres and clubs, among others. The priority target groups are out-of-school youth, street children and sex workers. There also will be important efforts to care for orphans. An amount of $137,500 will be allocated for these activities.

Basic education

11. The national goals for the education sector are (a) the provision of universal access to the complete primary cycle by the year 2000; (b) the reduction of the adult illiteracy rate from 25 per cent in 1990 to 12 per cent by the year 2000, with female illiteracy no higher than among males; and (c) the development of community-based early childhood care and education. The objectives for UNICEF cooperation are to (a) increase the completion rate of students at the end of 1996 to 95 per cent of the grade one intake in 1992; (b) ensure that all 10-year-olds achieve or surpass competencies defined for grade four or its equivalent by 1996; (c) reduce adult illiteracy from 25 per cent in 1990 to 20 per cent in 1996; and (d) reduce female illiteracy from 33 per cent in 1990 to 22 per cent in 1996.

12. The learning achievement component relates to formal education and focuses primarily on the development and production of learning materials, capacity-building, relevance of the curriculum and development of primary education assessment techniques. Support to the production of learning materials includes production of an Education for All (EFA) magazine; supplementary readers in English and local languages for grades one to four; and workbooks and teachers guides. Capacity-building includes in-service training of teachers in teaching methodologies and health education, and training of provincial and district staff and head masters in planning and management towards the achievement of EFA. Innovative cost-effective measures will be developed to meet a shortage of resources, such as intensification of the child-to-child approach, multigrade teaching, a more effective time-tabling and improved school community linkages. Intersectoral linkages and closer involvement with churches and NGOs will be reinforced. The programme also will support the delivery of educational services through the development of EFA policies as well as innovative activities which focus on the poor, women and girls. Special attention will be given to promoting HIV/AIDS awareness among young children and youth through the education system.

13. The component on learning opportunities, particularly for women and girls, will respond to community demands for functional literacy and the provision of survival skills that respond to the needs of women, out-of-school children and adolescents. Post-literacy and informal learning opportunities will be developed. Contacts with NGOs, churches and other groups will be developed to deliver these services. Community- and family-based early childhood care, education and development also will be supported. Facts For Life will be used in the preparation of learning materials. An amount of $140,000 will be allocated for these activities.

Planning and social statistics

14. The project on planning and social statistics seeks to (a) strengthen capacities to measure the impact of policies and programmes on the welfare and vulnerability of poor households; (b) measure and monitor human development indicators, and especially progress towards the achievement of goals for women and children; (c) develop policies and programmes which respond effectively to the needs and rights of women and children; and (d) support the management, monitoring and evaluation of the programme of cooperation. Additional funds will be used to strengthen the Food, Health and Nutrition Information System. Specifically, technical and training support will be provided to improve the capacity of the information system to monitor, analyse and report on young child health and nutritional status, food security and care; to strengthen district-level capacities to monitor community, family and child well-being; and to develop district development plans which respond to those situations. An amount of $200,000 will be allocated for these activities.

Water, sanitation and hygiene education

15. This programme seeks to contribute to the reduction in morbidity and mortality due to diseases associated with inadequate water supplies and sanitation and poor hygiene practices; and to reduce time and energy expenditures, especially by women and young girls, on the collection of water. The programme will increase access to potable water supplies through promoting community responsibility and capacities to manage, maintain and operate community water supplies; improve sanitation and hygiene practices at the household level by providing more appropriate and practical guidance on effective water supply, sanitation and hygiene education strategies; and improve access to safe water supplies and sanitation through the support of community-based projects for an estimated 200,000 people (40,000 families). Additional funds will be used to orient government departments and NGOs to the national water supply, sanitation and hygiene education strategy; to train district and village water supply sanitation and hygiene education committees and community water point caretakers in Southern Province; to provide technical assistance and material support to NGOs involved in rural community-based sanitation and hygiene education activities; and to develop the sanitation and hygiene education components of the child-to-child programme. An amount of $350,000 will be allocated for these activities.

Community-based child survival and development

16. This programme will empower communities with skills to improve the socio-economic situation of women and welfare of children through a participatory development approach. The programme aims to promote household and community capacities to care for and promote the healthy development of children through actions promoting household incomes and food security; increasing access to and use of health services; promoting effective nutrition support strategies; supporting primary education, with a special emphasis on keeping girls in school; improving access to safe water supplies and appropriate sanitation; and introducing appropriate labour-saving and income-generating technologies and skills training. Part of the additional funds will help to cover the training costs to operationalize the NPA in Luapula Province. Specifically, training

courses will be undertaken to orient local politicians and community leaders to the NPA goals for children and to strengthen the capacities of the District Development Coordination Committee to ensure that district plans directly address the priority needs of children. An amount of $13,000 will be allocated for these activities.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1996
1994-1996	1 409.5	840.5

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

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FOR ACTION

RECOMMENDATION FOR SUPPLEMENTARY FUNDING WITHOUT A RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES**

Eastern and Southern Africa Regional Office

SUMMARY

The present document contains a recommendation for supplementary funding for which no recommendation for funding from general resources is requested for the Eastern and Southern Africa Regional Office. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the region. The Executive Director recommends that the Executive Board approve supplementary funding in the amount of $489,500, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

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JUSTIFICATION

1. The HIV/AIDS pandemic presents new challenges to UNICEF in the Eastern and Southern Africa region. As countries strive for the survival, protection and development of children through achievement of the World Summit for Children goals, increasing numbers of children and young people are dying or are being orphaned by AIDS.

2. In 1994-1995, the Government of Norway supported the first phase of a regional HIV/AIDS network support project with a supplementary funds contribution of $118,583. This helped to expand and increase the effectiveness of HIV/AIDS prevention programmes in the region. Because of the continued threat of the AIDS pandemic in the region, it is proposed that the activities of the HIV/AIDS network should continue and become more comprehensive. In phase two, there will be a more coherent and multidisciplinary approach through the direct involvement of regional advisers in the areas of communication, health, education and children in especially difficult circumstances and their country-based counterparts.

3. Sub-Saharan Africa remains the region most seriously affected by AIDS in the world. HIV/AIDS is having a catastrophic effect on socio-economic development. An estimated 2 million people have died of AIDS thus far; 15 million more people may become infected and it is projected that 6 million people will die from the disease by the end of the decade. HIV seropositivity rates, measured through antenatal clinics in urban areas, range from 8 to 35 per cent. Transmission is mainly through heterosexual behaviour, with the remainder through infected blood and mother-to-child antenatal or post-natal routes. Major factors related to the prevalence of AIDS include multiple sexual partners/unsafe practices; the prevalence of sexually transmitted diseases (STDs); non-circumcision of men; inadequate personal hygiere leading to STDS; widow inheritance and ritual cleansing; female genital mutilation, initiation rights and other traditional customs; the use of unsterilized medical instruments; widespread reluctance/resistance to effective family life education; the lack of socio-economic and psycho-social empowerment of women and adolescent girls; and population mobility and emergency situations, which make women especially vulnerable.

4. Women outnumber men in HIV seropositivity by a ratio of 6 to 5. Infections among women are increasing at an alarming rate. Fifty per cent of all infections occur in 15- to 24-year-olds. Infection rates among adolescent girls range from two to seven times more than among adolescent boys. There will be 3 million to 5 million AIDS orphans whose mothers have died by the end of the century; some will lose both parents. Progress made in lowering child morbidity and mortality and increasing life expectancy will be slowed and even reversed in some countries. The under-five mortality rate in the region would have dropped to 132 per 1,000 live births by 2015-2020 if it had not been for AIDS; with AIDS, it is predicted to rise to the 159-189 range. Within this context, the objectives of the regional project include:

(a) To support country programme efforts to rapidly reduce the spread of STDs, especially HIV/AIDS, in Eastern and Southern Africa, especially among young people and women;

(b) To assess and publicize the probable consequences of HIV/AIDS on the health and education of the most vulnerable groups of the region (i.e., women, youth and children) and to promote their well-being;

(c) To build the capacity of partners in Government and non-governmental organizations (NGOs), as well as UNICEF country offices, to design, test, implement, monitor and evaluate programme activities to reduce the incidence of HIV/AIDS and to develop community-based approaches for the care and management of people affected by HIV/AIDS, especially children;

(d) To strengthen linkages and technical cooperation with national partners and institutions, as well as with international, bilateral and regional organizations involved in HIV/AIDS programming;

(e) To vigorously promote implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women to help prevent all STDs.

RELATIONSHIP TO COUNTRY PROGRAMMES

5. Regional advocacy is needed with partner organizations such as regional institutions, regional governmental forums, NGOs and donors for appropriate policies and sustainable programme acceleration. Therefore, regional advocacy will complement and provide necessary support to advocacy and capacity-building in country programmes of cooperation. In addition, the regional programme will facilitate and enrich the exchange of programme information, experiences and the application of the best programming practices and mixes and balances of strategies for the prevention of STDs and the care of children orphaned by AIDS. The regional programme also will provide resources for regional activities and multi-country activities.

PROPOSED PROGRAMME

6. Phase two of this regional network initiative will consist of a coherent and multidisciplinary approach to improving programme delivery through the direct involvement of UNICEF regional advisers in communication, health, education and children in especially difficult circumstances and their country partner agencies. Linkages will be strengthened with regional institutions, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, UNICEF headquarters, the World Health Organization (WHO) and other donors involved in HIV/AIDS programming.

7. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women are the bases for the policy and legislative changes required to support effective programmes. These changes are needed especially with respect to the prevention of gender abuse, violence and sexual exploitation. A regional approach will need to accelerate changes through support to country programmes.

8. Development of a comprehensive communication strategy involves the training of key personnel in communication concepts and methodologies in order to improve their provision of accurate and timely motivational information which is culturally acceptable. The three main elements involved are (a) advocacy - methods of influencing the public agenda through lobbying, use of high-level spokespersons and the sensitization and orientation of the press; (b) social mobilization - partnership-building with United Nations agencies, donors, NGOs, community-based organizations and others through joint planning and implementation; and (c) programme communication - informed, multimedia and interpersonal strategies aimed at motivating positive behavioural change for adults and positive behavioural development for children and youth.

9. The development of psycho-social training methods, especially for young people both in and out of school, will be a continuing thrust of the new programme. Typically, teaching about HIV/AIDS is usually ineffective because the methodology is very informational and focused on memorization. It has been proven that such teaching methodology does not usually bring about behavioural change or positive behavioural development. Most teachers lack knowledge and skills in participatory methods required to bring about attitudinal change. Therefore, continued emphasis will be placed on the development of participatory training and planning methods.

10. Adolescents, in spite of their heightened vulnerability to sexually transmitted infections, including HIV/AIDS, and other sexual and reproductive health problems, lack adequate access to services. Constraints include legislation and policies barring their access to services; traditional mores which discourage their utilization of services; poor and judgmental attitudes of health care providers towards youth; and the lack of involvement of youth in planning, designing and evaluating services. Therefore, UNICEF will support operations research to develop models of service delivery, strengthen evaluation of services, facilitate exchanges of information and experience on youth- and women-friendly services, and provide technical expertise for the training of service providers.

11. While normally the family is the first line of defence and protection of children, in AIDS-affected households, the capacity for coping with AIDS among one or more members is greatly limited. This situation creates orphaned children, those who have lost one or both parents to AIDS, and young people vulnerable to many problems such as malnutrition and exploitation. Although the mix of support activities will be different in each country, the thrust of policies and programmes aimed at orphaned children will be to strengthen the capacity of families and communities to cope with the increased burden of child care and protection created by the premature death of parents. This will include training to increase the abilities of family and community members to manage the psycho-social stress experienced by orphaned children. The child's right to a nurturing family environment, as stipulated in the Convention on the Rights of the Child, will be the guiding principle.

12. Regional advocacy will be supported with relevant statistical analysis and communicated in easy-to-digest formats. Increased advocacy is required to address a waning interest in HIV/AIDS stories by the international and African press. With proper orientation they will be able to delve beneath the surface

and arrive at positive human interest stories which cast efforts of individuals and communities to deal with the pandemic in a heroic light.

13. The exchange of information and experiences between UNICEF country programmes as well as between regional and national agencies will continue to be important. A regional network meeting will continue to be held each year on a particular programme theme. In addition, subregional events are planned on the network themes. Subregional events also provide one of the best opportunities for training programme personnel. At the same time, there will be a systematic classification and dissemination of the best programming practices through the development of a regional documentation centre on HIV/AIDS. Considerable information is available and should be disseminated more widely, while not duplicating of services provided by other agencies.

14. Although UNICEF staff in the region have considerable experience in HIV/AIDS and youth and women's health programming, additional external expertise is required periodically in these areas as well as in the areas of sexual and reproductive health, communication and behavioural research. Although most of the consultancies can be covered by country programmes, regional funds are required for regional events and multi-country support. A roster of qualified consultants will be drawn up with input from UNICEF, UNAIDS, the United Nations Population Fund (UNFPA), the World Bank and other organizations to ensure that the best people are available to provide programme advice.

15. There is a need for more precision in the area of behavioural and other indicators to be able to evaluate programme success or failure. Bringing about substantive behavioural change in adults is a complex process which often takes place in stages. Less is known about behavioural change or behavioural development of adolescents in Africa. Therefore, clear indicators, good baseline data and adequate monitoring and evaluation tools are required.

16. Even more complex is the overall area of children affected by AIDS. The cause of their hardship is multidimensional and multi-level. HIV/AIDS in the community and family is often only a catalyst for social disintegration. Therefore, formative research, monitoring and evaluation are required to guide UNICEF programme inputs. Funds are required for expertise at regional events and for developing new methodologies from multiple country experiences.

17. One great challenge is the development of national policies and legislation to support effective programming. There is a role for a regional approach through regional institutions and forums in conjunction with UNAIDS, UNFPA, WHO and the World Bank. The new UNAIDS programme is under development, but a regional role is not envisaged. In support of the UNAIDS effort, UNICEF can help to influence national, regional and international policy, especially for children and women. There is a need to strengthen UNICEF links with other donors in the development of policy and programming as well as in the coordination of programming efforts, thereby reducing overlap and helping all donors to assume complementary roles. UNICEF has the strategic advantage of using a country-level approach, and there is a need to share this strength more effectively with other partners.

18. In terms of programme management, the Senior Programme Communication Officer for the regional office will continue to act as focal point for the network, and will work closely with UNICEF regional advisers for health, education and children in especially difficult circumstances. An Assistant Programme Communication Officer is presently under recruitment to support network activities. The UNICEF Representative in Uganda has been nominated as network "convener" and will devote limited time to support the network.

Estimated annual expenditure

(In United States dollars)

	1996	1997	1998	Total
Programme inputs				
Information:				
Audio-visual	5 000	5 000	5 000	15 000
Publications	10 000	10 000	15 000	35 000
Training	10 000	10 000	15 000	35 000
Research and authorship	15 000	18 000	20 000	53 000
Joint United Nations activities	20 000	30 000	30 000	80 000
Subtotal	60 000	73 000	85 000	218 000
Staff costs				
International consultants	30 000	30 000	30 000	90 000
National consultants	10 000	10 000	10 000	30 000
Subtotal	40 000	40 000	40 000	120 000
Non-staff costs				
Telephone/voice communications	10 000	10 000	14 000	34 000
Office supplies and equipment	9 500	2 000	2 500	14 000
Computer supplies and equipment	7 000	4 000	2 500	13 500
Travel	25 000	30 000	35 000	90 000
Subtotal	51 500	46 000	54 000	151 500
TOTAL	151 500	159 000	179 000	489 500

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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Honduras

SUMMARY

The present document contains a recommendation for funding the country programme of Honduras which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,850,000 from general resources, subject to the availability of funds, and $10,701,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 2000.

* E/ICEF/1996/9.

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	2.6
U5MR (per 1,000 live births)	54
IMR (per 1,000 live births)	41
Underweight (% moderate and severe) (1987)	21
Maternal mortality rate (per 100,000 live births) (1990)	220
Literacy (% male/female) (1990)	70/69
Primary school enrolment (% net, male/female) (1986)	88/93
Primary school children reaching grade 5 (%)	N/A
Access to safe water (%)	65
Access to health services (%) (1987)	64
GNP per capita (1993)	$600

One-year-olds fully immunized against:

tuberculosis:	95 per cent
diphtheria/pertussis/tetanus:	95 per cent
measles:	94 per cent
poliomyelitis:	95 per cent

Pregnant women immunized against:

tetanus:	88 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Confronted by a severe economic crisis in the 1980s, Honduras embarked on a programme of structural adjustment in 1990. About 64 per cent of Honduran households live in poverty, with the majority in peri-urban areas of Tegucigalpa and San Pedro Sula and in nine departments in southern and western Honduras where socio-economic indicators are below the national averages.

2. Honduras has ratified the Convention on the Rights of the Child and submitted its report to the Committee on the Rights of the Child in 1994. The Committee noted that limited public and institutional awareness about the Convention and the lack of legislative mechanisms for its full implementation need to be addressed.

3. As a follow-up to the World Summit for Children, a national programme of action (NPA) for children was prepared. Current trends indicate that Honduras should be able to achieve most of the mid- and end-decade goals. Immunization coverage has been increased and sustained at over 90 per cent. The vaccination of women of child-bearing age with tetanus toxoid has increased from 41 to 88 per cent and, in 1994, polio was eradicated and zero mortality due to measles was reported. Salt iodization has increased from 30 per cent in 1987 to 88 per cent, in 1994. Efforts with small salt producers should ensure that all salt will be iodized by 1996. Special efforts will be required to reach 80 per cent coverage using oral rehydration therapy (ORT).

4. Primary health service coverage has expanded, but the sustainability, quality and efficiency of services need to be strengthened to achieve the decade mortality reduction goals. The major causes of under-five mortality include acute respiratory infections (ARI), perinatal complications and diarrhoeal diseases. Low birth weight affects 9 per cent of all babies, and about 21 per cent of children suffer from severe and moderate malnutrition. Only 10 per cent of children are breast-fed exclusively during the first six months after birth.

5. The national maternal mortality rate (MMR) is estimated at 220 per 100,000 live births; however, MMR is double the national average in the departments of La Paz, Intibuca and Copan in the west of the country. Only 47 per cent of women of child-bearing age have access to family planning services. About 54 per cent of all births take place at home, with few attended by trained personnel. Honduras has the highest per capita level of HIV/AIDS cases in Central America, accounting for 57 per cent of the cases registered in the region. The number of women with HIV/AIDS has doubled over the last three years. Although the Convention on the Elimination of All Forms of Discrimination Against Women was ratified in 1982, Honduran women still lack equal access to credit, and labour and penal laws do not reflect the specific needs of women. The demand by organized women's groups for more gender-sensitive policies and legislation has yet to be acted upon by national congress.

6. Water supply and sanitation coverage has increased over the last five years, but many systems are in disrepair and hygiene education is weak. Most people who lack services live in rural or peri-urban areas. An expansion of coverage to those areas requires more sustainable strategies that emphasize local-level cost recovery and infrastructure maintenance.

7. The primary school system has a high enrolment at about 90 per cent; however, high repetition rates (23 per cent in the first grade) and only a 28 per cent school completion rate are indicators of the inefficiency of the system. Underlying causes for these include low preschool coverage (25 per cent in 1994), poor nutrition and inadequate early childhood stimulation, poorly motivated and trained teachers, limited distribution of educational materials and inflexible curricula. There are no significant gender differences in enrolment or completion rates.

8. Initiatives such as those to prepare municipal-level plans of action to meet national-level goals have shown that progress is greatest where national initiatives are complemented by cost-effective capacity-building initiatives that promote community empowerment at the subnational level. The Government's decentralization policy offers a special challenge for creating and strengthening appropriate subnational and local-level capacities for improved efficiency and quality of services benefiting women and children.

PROGRAMME COOPERATION, 1991-1995

9. The 1991-1995 programme of cooperation focused on building a strong base for Honduras to meet its commitments to the World Summit for Children and to implement the Convention on the Rights of the Child. Key advocacy and social mobilization activities sensitized government policy makers and other partners

to children's needs and rights and were instrumental in the preparation of the NPA, the establishment of a special unit in the Ministry of Planning - the National Social Indicators Bureau - to monitor progress towards NPA goals, launching of the Mayors "Pact for Children" initiative and commitment of 293 mayors to prepare municipal plans of action for children, and drafting of a new legal code for children based on the Convention.

10. Major achievements in health included communication and mobilization activities that helped to expand immunization coverage; the promotion and provision of oral rehydration salts which helped to increase national ORT coverage from 30 to 70 per cent and reduce child death due to diarrhoea; and the establishment of 250 rural "popular pharmacies" with essential drugs. The co-management of these services between the health system, non-governmental organizations (NGOs) and community groups has served as a model for community empowerment in health services. The safe motherhood initiative began in the Department of La Paz with the training of health workers and traditional birth attendants (TBAs) in early detection of high-risk pregnancies, studies of sexual practices among youth and a major communication campaign on AIDS prevention. Nutrition activities included a mobilization and communication strategy for the promotion of breast-feeding; launching of the Baby-Friendly Hospital Initiative (BFHI) in the largest three public hospitals; and the promotion of food fortification, including support to the Ministry of Health for monitoring compliance with existing legislation which has resulted in 88 per cent of all salt produced in the country being iodized and 34 per cent of all sugar fortified with vitamin A. Inter-agency coordination was important in the national expanded programme on immunization (EPI), HIV/AIDS and micronutrient interventions.

11. Using strategies of community-based management and maintenance of water supply systems and support from the subregional Central American water supply and sanitation programme have benefited 86,000 people in poor marginal areas of Tegucigalpa. This service delivery model includes cost recovery and community co-management of services, and is now considered a sustainable strategy for the expansion of water services to other peri-urban areas.

12. Expansion of non-formal preschool services reached 21,000 children in poor urban areas. A demonstration project improved the quality of education in 36 rural multigrade schools. Other achievements included the revision of school textbooks from a gender perspective and support to 1,700 rural schools for organizing summer head start programmes for children starting primary school, which benefited 26,000 children and reduced drop-out rates in the first year of school. This model of pre-primary school is now being expanded with the support of the World Bank.

13. The subregional programme on children in especially difficult circumstances supported the National Commission on Social Well-Being with alternative models of care for street children and working children. The sports for life initiative was successfully developed as a community-based model for preventive activities and has been expanded to other municipalities. Over the last two years, there has been a strong campaign to promote children's rights, and technical assistance has been provided to governmental bodies and NGOs for the preparation of a national legal Code for Children which is pending congressional approval.

Lessons learned

14. Major lessons learned include the following: (a) UNICEF has played an effective catalytic role through social mobilization and advocacy interventions; (b) the credibility of UNICEF with governmental institutions and other partners, including the mass media, places it in a strong position to promote child rights issues; (c) there is a need to reduce the geographic and programmatic dispersion of activities; (d) there is a need for greater precision in the development of annual programme objectives and the establishment of measurable progress indicators in order to monitor impact more effectively; (e) most successful and sustainable results have been obtained when subnational capacity-building initiatives have been reinforced with empowerment strategies, e.g. urban water supply strategy and "popular pharmacies"; and (f) water supply and sanitation interventions should be more gender-sensitive and place greater emphasis on hygiene education.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

Estimated annual expenditure
(In thousands of United States dollars)

	1996	1997	1998	1999	2000	Total
General resources						
Health and nutrition	120	150	150	150	150	720
Water supply and sanitation	45	50	50	50	50	245
Education	150	170	170	201	201	892
Children's rights	128	70	149	108	108	563
Women in development	85	100	100	100	100	485
Social mobilization and advocacy	150	180	180	180	180	870
Planning, monitoring and evaluation	95	168	100	100	100	563
Programme support	77	112	101	111	111	512
Subtotal	850	1 000	1 000	1 000	1 000	4 850
Supplementary funding						
Health and nutrition	900	901	780	780	780	4 141
Water supply and sanitation	500	500	415	415	415	2 245
Education	400	400	200	200	200	1 400
Children's rights	300	300	285	285	285	1 455
Women in development	200	200	120	120	120	760
Advocacy and social mobilization	200	200	100	100	100	700
Subtotal	2 500	2 501	1 900	1 900	1 900	10 701
Total	3 350	3 501	2 900	2 900	2 900	15 551

Objectives and strategies

15. The proposed country programme will focus on supporting the achievement of high priority goals of the NPA and implementation of the Convention on the Rights of the Child. As UNICEF resources are limited, priority will be given to (a) reducing under-five mortality due to diarrhoea and pneumonia; (b) increasing immunization coverage in areas where it is below the national average; (c) expanding initiatives for safe motherhood, particularly in six departments where MMR is highest; (d) promoting HIV/AIDS awareness and prevention for youth in principal cities; (e) promoting the universal fortification of salt with iodine and sugar with vitamin A; (f) improving the nutritional status of children under the age of two years; (g) improving the quality of primary education in rural multigrade schools; (h) expanding sustainable water supply and sanitation systems in rural communities and urban slum areas; and (i) supporting implementation of the new Code for Children and related laws.

16. The strategies for UNICEF assistance will focus on disparity reduction, with greater convergence of activities in nine departments (62 municipalities) in the south and western regions, and in selected peri-urban areas of Tegucigalpa, San Pedro Sula and La Ceiba where basic child health and education indicators are below the national averages. Advocacy and social mobilization at national and subnational levels will be central to the catalytic role UNICEF will play in the proposed programme. This strategy will cut across the entire programme. In addition, capacity-building at the municipal level will be based on the government decentralization policy. Community empowerment strategies will focus on co-management of services as well as empowering families with basic knowledge, skills and values for healthy living.

Health and nutrition

17. The programme will strengthen integral child health care strategies within the health sector through support for improving the quality of maternal and child health (MCH) services of the primary health care (PHC) system in nine departments. Major lines of intervention will include MCH, nutrition and HIV/AIDS prevention.

18. MCH objectives include (a) reducing diarrhoea- and ARI-related deaths by 30 per cent each; (b) increasing immunization coverage in 37 municipalities where coverage rates of 80 per cent have not been achieved; (c) strengthening and expanding the safe motherhood initiative in the departments of La Paz, Comayagua, Intibuca, Lempira, Ocotepeque and Copan; and (d) consolidating and expanding models of co-management of health services through an additional 400 popular pharmacies. NGOs will be important partners in this initiative, which will also incorporate other PHC interventions such as growth and development monitoring and the promotion of ORT.

19. UNICEF will provide support for the in-service training of health workers, TBAs, parents and community health volunteers; logistical support and training of local development council members in planning, monitoring and social mobilization; and essential drugs.

20. Nutrition priorities will include (a) the promotion of exclusive breast-feeding for the first six months and improved child feeding practices of children under the age of two years; (b) growth and development activities in

six departments where the prevalence of malnutrition is highest; and (c) support for the expansion of BFHI to all 21 hospitals in the country. Activities will include the training of health personnel, parents and health volunteers; the provision of scales and height meters; and the development of educational and promotional materials.

21. In collaboration with the Pan American Health Organization/Institute of Nutrition of Central America and Panama (PAHO/INCAP), UNICEF will cooperate with salt and sugar producers and the Ministry of Health to improve the fortification process and to strengthen national capacity for monitoring the quality of salt iodization and fortification of sugar with vitamin A.

22. HIV/AIDS prevention activities have been planned in coordination with the Joint United Nations Programme on HIV/AIDS and will include the training of teachers, health personnel, social communicators and youth in basic concepts of prevention. Innovative social communication and mobilization strategies using various media such as popular theater and puppets will focus on youth in the high-risk areas of San Pedro Sula, Ceiba, Tegucigalpa.

Water supply and sanitation

23. This programme, which will be implemented within the framework of the subregional water supply and sanitation programme, will strengthen the capacity of the Honduran water authorities to expand water supply and sanitation coverage in underserved rural communities and peri-urban areas using already successful, sustainable, low-cost capacity-building and service delivery strategies. Strengthening local government capacity to monitor, plan and maintain these services with community co-management and cost recovery will be vital. Service delivery will benefit 150,000 urban and 50,000 rural people in the Valley of Sula and selected rural communities in the south-western region.

24. Hygiene education, gender equity and other relevant empowerment approaches needed to maintain and operate these systems will be addressed. UNICEF will help to train communities, teachers, health personnel and NGOs working in these areas.

Education

25. The primary objective of this programme is to consolidate and expand successful, local-level initiatives which improve the quality of rural education services and reduce primary school drop-out and repetition rates. These initiatives should have a demonstration effect that can influence national education policies and attract major multilateral donor funding. UNICEF will support the expansion of 960 non-formal preschool centres benefiting 14,000 children in municipalities with the highest primary school repetition rates and provide technical assistance for improving the quality of education in 34 rural multigrade schools using the "active school" methodology which encourages children to plan and implement their learning activities. Activities will include teacher training, the development of training and didactic materials, and the provision of essential supplies and equipment.

Children's rights

26. Government/UNICEF cooperation will continue to create the necessary legal and institutional mechanisms for implementing the Convention on the Rights of the Child. Major strategies will include legislative reform, institutional strengthening of the Instituto Nacional del Niño y de la Familia (INNFA) (Institute for the Child and the Family) and training of 293 municipal child defenders of the Convention who will create greater public awareness of relevant legislation and monitor its implementation.

27. UNICEF will provide technical assistance to the Commissioner for Children's Rights and other relevant bodies for the formulation of legislation that is coherent with the proposed new legal code for children and adolescents, e.g. adoption procedures, treatment of children in conflict with the law and abandoned children. UNICEF will also support the design of educational materials and the training of judges, policemen, NGO staff and INNFA personnel on the Convention and related legislation.

Women in development

28. While gender issues are a part of all programmes, the objectives are to ensure consistency between existing policies and legislation (e.g. penal, family and labour codes) and the Convention on the Elimination of All Forms of Discrimination Against Women and to strengthen the negotiation and mobilization capacity of NGOs and women's organizations through training in leadership skills. UNICEF will provide technical assistance to the Women's Bureau, the Congressional Commission on Women and NGOs for the review and formulation of legislation that will improve women's legal rights.

Advocacy, communication and social mobilization

29. The programme will cultivate sustainable governmental, NGO, community and private sector leadership for achieving the NPA goals, mobilizing increased public and private resources for children and strengthening the rights of children and women on the political, economic and social agenda of state and civil society. All advocacy and social mobilization elements of the country programme will be strengthened through more effective and mutually reinforcing communication strategies. UNICEF will support studies to improve policies related to, for example, child labour and violence. Promoting children's rights will be enhanced through partnerships with the mass media, including the training of social communicators and the dissemination of messages on existing and proposed policies and legislation.

Local planning, monitoring and evaluation

30. The cooperation will strengthen the capacity of the National Social Indicators Bureau to monitor progress towards the achievement of the NPA goals, as well as information systems for collecting data disaggregated by gender and age-group. Within the framework of the Mayors "Pact for Children", technical support will be provided to 62 municipal development councils for the preparation of municipal plans of action, including systems for monitoring progress of goals, training of personnel in survey and data collection techniques, planning, monitoring, and the provision of essential computer equipment for use at subnational levels.

31. Joint UNICEF/Government annual programme reviews and a mid-term evaluation of the programme with the National Social Indicators Bureau will help to adjust programmes to respond to challenges and assess the appropriateness of the selected strategies. In addition, annual plans of action with clearly defined annual objectives and targets will facilitate monitoring of progress and accountability.

Cooperation with other agencies and non-governmental organizations

32. UNICEF will continue to collaborate closely with other United Nations and bilateral agencies. Cooperation with the United Nations Population Fund will focus on safe motherhood and reproductive health activities. With the World Health Organization/PAHO/INCAP, the focus will be on EPI, the control of diarrhoeal diseases and ARI, and micronutrient activities. A country strategy note for Honduras has not as yet been prepared; however, the United Nations Development Programme and other United Nations agencies and bilateral partners have been invited by UNICEF to participate at critical stages of the current country programme preparation process. Both national and international NGOs will be important partners in this programme, both in the promotion of children's rights and for reaching vulnerable groups.